

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**Eastern Carolina Conservative Fund**(b) Address (number and street) ☐ check if different than previously reported  
PO Box 97275

(c) City, State and ZIP Code

Raleigh

NC

27624

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30002422**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2016

D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2016

D D D / Y Y Y Y Y Y

2016

**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2016

D D D / Y Y Y Y Y Y

2016

**(b) Communication Title** TV 1 Electioneering Communication**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: 527 Organization**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Collin McMichael

(b) Address (number and street)

PO Box 97275

(c) City, State and ZIP Code

Raleigh

NC

27624

(d) Name of Employer or Principal Place of Business

Self-Employed

(e) Occupation

Accounting

**9. Total Donations This Statement**

, , , .00

**10. Total Disbursements/Obligations This Statement**

, , , 42000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Glen Downs

SIGNATURE

Glen Downs

[Electronically Filed]

DATE

05/20/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**SCHEDULE 9-B**

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**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Impact Strategies, Inc.</b> <hr/> Mailing Address of Payee PO Box 18165 <hr/> City _____ State _____ Zip Code _____ Raleigh _____ NC _____ 27619 <hr/> Name of Employer _____ Occupation _____				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>05 17 2016</span> </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>42000.00</span> </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>05 19 2016</span> </div>	
Purpose of Disbursement (Including title(s) of communication(s)) TV 1 Electioneering Communication				<b>Transaction ID : F93.000001</b>	
Name of Federal Candidate Walter Jones		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NC</u> District: <u>03</u>		Disbursement/Obligation For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000002</b> Name of Federal Candidate TAYLOR GRIFFIN		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NC</u> District: <u>03</u>		Disbursement/Obligation For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000003</b> Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

  

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <hr/> Mailing Address of Payee <hr/> City _____ State _____ Zip Code _____ <hr/> Name of Employer _____ Occupation _____ <hr/> Purpose of Disbursement (Including title(s) of communication(s))				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span></span> </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div>	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

  

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>42000.00</span> </div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>42000.00</span> </div>